

Provider Relationship Scenarios

Each provider relationship scenario below provides a description of “Current” requirements compared to a description of the “NPI Compliant” requirements. This comparison allows counties and DCPs to see changes that must be made to achieve HIPAA NPI compliance for DMC billing.

Each scenario is followed by a “Transaction Content Summary Table” that describes how an NPI compliant claim should be created. This table identifies the three key claim transaction “Segments” that employ the NPI:

- BILLING PROVIDER NAME
- RENDERING PROVIDER NAME (Loops 2310B or 2420A)
- SERVICE FACILITY LOCATION (Loops 2310D or 2420C)

The “Transaction Content Summary Table” describes the key data elements that will change (e.g., NM102, NM109, REF02). The revised 835/837 Companion Guide will provide comprehensive changes for NPI support. The scenarios and tables presented below for each scenario describe the expected data content for key fields during and after the “Transition Period” when ADP will be collecting both the DMC and NPI numbers.

There are three primary scenarios that describe the various provider relationships for the DMC program. These are:

Scenario 1 - COFs: Counties which provide AOD treatment services at county owned and/or operated clinics.

Scenario 2 – CCPs: Those non-county operated/owned treatment providers that contract with counties to provide AOD treatment services.

Scenario 3 - DCPs: Those providers that have a contract with ADP to submit billing directly to ADP. These providers are not COFs and do not have a DMC contract with a county.

Scenario #1 - County Operated Facilities

For Counties which provide AOD treatment services at county owned and/or operated clinics, the following will apply:

Current: ADP holds a contract with the county for DMC services and each county operated program is issued a DMC Number for billing purposes.

NPI Compliant: DMC numbers will be issued only for internal use by ADP after the Compliance Date.

Current: In the 837 - Health Care Claims: Professional (837P) transaction, a county identifies itself as the Billing Provider using its Tax Identification Number (TIN) as its primary identifier, and its DMC number as a secondary identifier.

NPI Compliant: The county's NPI will be reported as the primary identifier. The DMC number will no longer be allowed as a secondary identifier. The county's TIN will be required as a secondary identification.

Current: The rendering provider, known as the DMC program counselor or staff, is identified by name only on the current 837P.

NPI Compliant: An NPI for the counselor must be provided on the 837P transaction as the primary rendering provider identifier.

The following Transaction Content Summary Table illustrates ADP's expectations of claim coding for COFs:

Scenario #1 Transaction Content Summary Table

Data Element	Industry Name	Current Content	NPI Compliant Content
BILLING PROVIDER NAME			
NM102	Entity Type Qualifier	2	2 only... = non-person entity (indicates Type 2 NPI)
NM109	Billing Provider ID	SSN or TAXID	NPI for Billing Provider... Type 2
REF02	Billing Provider Additional ID	DMC Number	TIN
RENDERING PROVIDER NAME (Loops 2310B or 2420A)			
NM102	Entity Type Qualifier	1	1 only... = person entity (indicates Type 1 NPI)
NM109	Rendering Provider ID	SSN or TAXID	NPI for counselors and staff... Type 1
SERVICE FACILITY LOCATION (Loops 2310D or 2420C)			
NM102	Entity Type Qualifier	2	2 only... = non-person entity (indicates Type 2 NPI)
NM109	Laboratory/Facility ID	Not Used	NPI for Facility... Type 2 (May be the same NPI as Billing Provider when Billing & Service Provider are the same)
REF02	Laboratory/Facility Secondary ID	DMC Number	DMC Number (Element used to collect DMC Number during transition period only... Ignored after Transition End Date... and eventually denied) (Note... Do not be misled by the Industry Name... labs cannot separately bill DMC)

Scenario #2 - County Contracted Providers

For Counties which contract with non-county operated/owned AOD treatment providers, the following will apply:

Current: County contracted providers submit their DMC billings for services to the county. The county compiles all of the providers DMC billings and submits them to ADP for processing. In the 837P transaction, the county provides its TIN as the primary billing provider identifier and a secondary identifier is not supplied for the county. The service facility's primary identifier is not required in the Current 837P, but the DMC number of the service facility is reported as the secondary identifier.

NPI Compliant: The DMC number will no longer be allowed as a secondary identifier. Instead, the service facility's NPI will need to be reported as the primary identifier. The TIN will need to be reported as the secondary identifier for the billing provider.

Current: The rendering provider, known as the DMC counselor or staff, is identified by name only on the current 837P. The counselor initials are crosswalked from the current 837P to the DMC claim. DMC claim processing does not require a primary or secondary identifier for the counselor or staff rendering services.

NPI Compliant: An NPI for the counselor must be provided on the 837P transaction as the primary rendering provider identifier.

The following Transaction Content Summary Table illustrates ADP's expectations of claim coding for CCPs:

Scenario #2 Transaction Content Summary Table

Data Element	Industry Name	Current Content	NPI Compliant Content
BILLING PROVIDER NAME			
NM102	Entity Type Qualifier	2	2 only... = non-person entity (indicates Type 2 NPI)
NM109	Billing Provider ID	SSN or TAXID	NPI for Billing Provider... Type 2
REF02	Billing Provider Additional ID	Not Used	TIN
RENDERING PROVIDER NAME (Loops 2310B or 2420A)			
NM102	Entity Type Qualifier	1	1 only... = person entity (indicates Type 1 NPI)
NM109	Rendering Provider ID	SSN or TAXID	NPI for counselors and staff... Type 1
SERVICE FACILITY LOCATION (Loops 2310D or 2420C)			
NM102	Entity Type Qualifier	2	2 only... = non-person entity (indicates Type 2 NPI)
NM109	Laboratory/Facility ID	Not Used	NPI for Facility... Type 2 (May be the same NPI as Billing Provider when Billing & Service Provider are the same)
REF02	Laboratory/Facility Secondary ID	DMC Number	DMC Number (Element used to collect DMC Number during transition period only... Ignored after Transition End Date... and eventually denied) (Note... Do not be misled by the Industry Name... labs cannot separately bill DMC)

Scenario #3 - Direct Contract Providers

For those providers that hold a contract with ADP, and who submit billing directly to ADP, the following will apply.

Current: In the 837P transaction the provider is identified as the billing provider using its TIN as its primary identifier and its DMC number as a secondary identifier for the Service Facility Location.

NPI Compliant: The DMC Number will no longer be allowed as a secondary identifier. Instead, the provider's NPI will be reported as the primary identifier. The provider's TIN will be required as a secondary identification for the billing provider. If the billing and rendering providers are the same, Rendering Provider Name information is not necessary.

Current: If Billing and Rendering Providers are not the same, the Rendering provider, known as the DMC counselor, is identified by name. DMC claim processing does not require a primary or secondary identifier to identify the counselor.

NPI Compliant: An NPI for the counselor must be provided on the 837P transaction as the primary rendering provider identifier.

The following Transaction Content Summary Table illustrates ADP's expectations of claim coding for DCPs:

Scenario #3 Transaction Content Summary Table

Data Element	Industry Name	Current Content	NPI Compliant Content
BILLING PROVIDER NAME			
NM102	Entity Type Qualifier	2	2 only... = non-person entity (indicates Type 2 NPI)
NM109	Billing Provider ID	SSN or TAXID	NPI for Billing Provider... Type 2
REF02	Billing Provider Additional ID	Not Used	TIN
RENDERING PROVIDER NAME			
NM102	Entity Type Qualifier	1	1 only... = person entity (indicates Type 1 NPI)
NM109	Rendering Provider ID	SSN or TAXID	NPI for counselors and staff... Type 1
SERVICE FACILITY LOCATION (Loops 2310D or 2420C)			
NM102	Entity Type Qualifier	2	2 only... = non-person entity (indicates Type 2 NPI)
NM109	Laboratory/Facility ID	Not Used	NPI for Facility... Type 2 (May be the same NPI as Billing Provider when Billing & Service Provider are the same)
REF02	Laboratory/Facility Secondary ID	DMC Number	DMC Number (Element used to collect DMC Number during transition period only... Ignored after Transition End Date... and eventually denied) (Note... Do not be misled by the Industry Name... labs cannot separately bill DMC)

NPI Processing Summary

The following “NPI Processing Summary” describes how ADP intends to process dual identifiers (DMC number and NPI number) during and after the Transition Period. This process provides additional validation of NPI numbers that are provided by trading partners (counties and DCPs).

During Transition...

- ADP will be collecting dual identifiers... see the 835/837 Companion Guide (version 1.10).
- ADP requires "Providers" (Service Facility Location providers - Type 2 NPIs) to provide a copy of their NPI Certification information from NPPES to ADP FMAB.
- No Certification information is required for Billing Provider or Rendering Provider NPIs.
- ADP will be using only the DMC Number for claim adjudication... a valid DMC Number is required (as is the case before Transition).
- NPI/DMC couplets for Service Facility Location (SFL) data will be collected passively by the translator... ADP will not reject claims based on any crosswalk information or conflict with prior couplets.
- ADP FMAB staff will be creating the "Production Crosswalk Table" (e.g., NPI to DMC) from the passive NPI/DMC couplets. The NPI Certification information is required to validate entry into this "production" crosswalk table.
- ADP FMAB will periodically report completion metrics for counties/DCPs that have provided NPIs via 837s and the Certification information for their SFL NPIs. This information will provide ADP the DMC/NPI crosswalk values and any outstanding issues.
- ADP will not be reporting NPIs to DHS... since the legacy SD/MC Claim Adjudication system at DHS does not use NPIs (which is why ADP translates NPIs to DMC numbers in the SD/MC claim format).

After Transition...

- ADP will expect a valid NPI (as reflected in the "Production Crosswalk Table") and will reject claims that do not provide a valid NPI.
- ADP will crosswalk the valid NPI to a valid DMC number and process the claim.
- DMC numbers in Claims will be ignored for a period of time (e.g., 6 months)... and then rejected afterwards.
- When CMS provides access to NPI data stores, ADP will probably provide additional validation of NPIs as the claims are initially processed by the ADP Translator.